

# Foster Family Home - Corrective Action Report

Provider ID: 1-559049

Home Name: Carmencita Asuncion, CNA

Review ID: 1-559049-9

94-1169 Kahuanui Street

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 12/14/2020

Foster Family Home

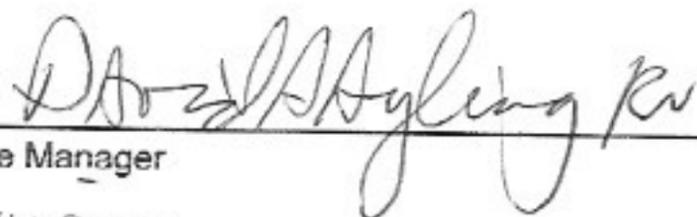
Required Certificate

[11-800-6]

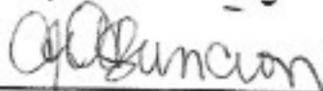
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

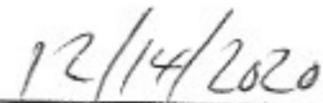
6.(d)(1) - Home inspection for a 2 person CCFFH recertification. Home will receive a 2 bed certification.



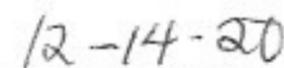
Compliance Manager



Primary Care Giver



Date



Date